



Rush MD

The Alumni Association of Rush Medical College

Rush Medical College

Spring/Summer 2002

New leadership for Rush Medical College, Rush University

by Judy Grossman and Sean Carr

In February, new Rush president and CEO Larry J. Goodman, MD, announced two major appointments within Rush University. He named Thomas Deutsch, MD 1979, acting dean of Rush Medical College and appointed Jacob (Jack) Fox, MD, to the position of provost of Rush University.

Until Feb. 1, Goodman himself served both as dean and as the Medical Center's senior vice president for medical affairs. He has appointed Gunnar Andersson, MD, PhD, to the latter position. Goodman's intent in filling the posts separately is to give Deutsch and Andersson the chance to focus more fully on each job's many responsibilities.

Fox's responsibility as provost — to oversee all of Rush University: Rush Medical College, the Rush College of Nursing, the Graduate College and the College of Health Sciences — had, in recent years, been held by the president. Goodman, however, believes that a chief academic officer reporting directly to him will better serve Rush's academic mission, giving Rush University a strong voice at the Medical Center.

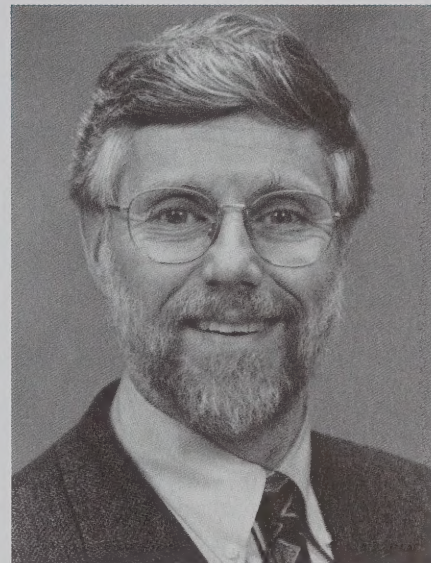
As provost, Fox, the Jean Schweppe Armour Professor of Neurology and

chairman of the Department of Neurological Sciences and co-director of the Rush Neuroscience Institute, will be responsible for education, research and graduate medical education. He will also oversee endowment funds, special purpose funds and space allocations in the Armour Academic Facility and the Cohn and Jelke research buildings. The deans of all four colleges will report directly to him.

"For nearly three decades, Dr. Fox has been a valued member of the Rush medical staff and faculty," Goodman says. "He cares deeply about Rush University and the educational process, and he appreciates the inherent relationship between education, research and patient care."

Deutsch is the first Rush Medical College graduate to serve as dean or acting dean of the college since it was reactivated in 1971. Besides Deutsch, only four other Rush Medical College graduates have also been its chief academic officer: William Warren Freer, MD 1848, from 1871-1877; Ernest E. Irons, MD, PhD 1903, from 1924-1936; Emmett Blackburn Bay, MD 1922, from 1936-40; and Earle Otto Gray, MD 1929, from 1940-41.

Deutsch, who joined the Rush faculty in 1984, was named chairman of ophthalmology in 1996. In 2000, he was appointed Rush Medical College's associate dean for graduate medical education (GME).



Jacob (Jack) Fox, MD, chairman of the Department of Neurological Sciences and co-director of the Rush Neuroscience Institute, is Rush University's new provost.

"Under Dr. Deutsch's leadership, significant improvements have been made to the GME program," Goodman says. "I am delighted that he has agreed to serve as acting dean. In addition to being an outstanding educator and administrator, he is widely respected by his peers as a skilled and caring clinician. The faculty and students of Rush Medical College will benefit tremendously from his leadership, experience and expertise." ●

See the dean's column on page 4 for Dr. Deutsch's thoughts on his new appointment.

Diary of a Medical Trek **First of a two-part series**

by Robert McKersie, MD 1999

Introduction by Judy Grossman

While community service is a vital part of the educational experience for most Rush students, participating in community service projects during medical school inspired Robert McKersie, MD 1999, to take his volunteerism to even greater heights — literally — once he became a doctor.

In March 2001, McKersie and three other physicians took a medical trek to mountainous north-central Nepal. The trip was organized by Himalayan HealthCare, a nonprofit nongovernmental organization that has run hundreds of medical treks for doctors from around the world, providing humanitarian aid for the poorest Nepali people.

The six member medical team — accompanied by a cooking staff, 41 porters and five medical assistants from Kathmandu — hiked high and far to bring desperately needed medical care and supplies to two remote villages. In two weeks, they tended to more than 900 patients, including some who had never before been to a doctor.

This was not McKersie's first taste of international medicine. Thanks to the Rush Community Service Initiatives Program (RCSIP) and a dean's scholarship, he had flown to South Africa the summer after his first year at Rush to provide medical care for a small township outside of Johannesburg.

"I had traveled internationally before that summer, but never with a purpose, with an idea that I could use some of my skills in medicine," says McKersie, now a third-year family medicine resident at Oak Park's West Suburban Hospital. "It's such a valuable experi-

ence for an M1 or M2 to be able to apply what you've learned to the real world. And it's especially rewarding to work in areas that are so tragically underserved."

Like the South Africa trip, the Nepal trek took him to communities that lacked even the most basic medical supplies. "I have seen and worked with a fair number of disenfranchised populations, here in the states as well as in South Africa," he says. "But the scale of need in Nepal was quite sobering."

What follows are excerpts from the journal McKersie kept during the trek.

3/31/01 "Our first clinic stop"

Our third day of the trek. We leave camp this morning at our usual time of 7:30 a.m. We descend for three hours through rhododendron and alpine forests, passing an increasing number of villagers as we near Tipling. An additional hour-long walk brings us to the Tipling health clinic, which lies 1,000 feet above the town on the south side of the valley at an elevation of 8,000 feet.

The medical clinic consists of two long buildings, built one above the other on

consecutive terraces. The exam rooms, all rather rudimentary but adequate, have a wood bed without a mattress as an examining table. The room's light comes from a sheet of translucent fiberglass that has been placed among the tin slats that comprise the roof. A bowl of water tinged blue with potassium permanganate is the disinfectant we will use to sanitize our hands.

We are supposed to have the afternoon off, but word of our medical team spread down the valley and into the village of Tipling, arriving a day before we did. When we enter the clinic, we are greeted by approximately 50 villagers waiting to be seen. The patients come fast, my first two being so sick that I would have admitted them to an ICU if I were in the United States.

The first patient is a distraught woman who is carried in by her husband. She is three weeks postpartum and her legs and lungs have filled with water, making walking painful and breathing difficult. In addition, she has a fever and a heart murmur. I consult with the other doctors and we surmise that she has either dilated cardiomyopathy or endometritis. We do not have an echocardiogram to help confirm our suspicion of dilated cardiomyopathy.



Three of the porters who accompanied McKersie and his group on the trek.

and are left trusting our clinical skills. We give her Lasix and a course of antibiotics and instruct her to come back the following day for a re-check.

The second patient I see is an elderly woman who had been prescribed a number of cardiac medications by a cardiologist in Kathmandu some years earlier. She informs me that she ran out of her medications three weeks ago and has not urinated in three days. I refill her medications and instruct her to come back in the morning for a re-check if she has not urinated, knowing full well that there is a good chance she had walked two days to get to the clinic and was now going to start her return trip home, putting complete faith in the Western medicines that I had just put into her hands.

4/1/01 "Medicine in the Mountains"

When I awoke early and ventured out of my tent to watch the morning sun slide down the snow-capped mountains to the north, I noticed a tall white gentleman waiting at the clinic door, some 100 yards from our tents. He was with a lone Nepalese porter. I learned that he had been trekking for the last several days with a group of Christian missionaries in a remote area north of Tipling. The prior evening he had developed a very sharp pain in his abdomen that was not relieved with antacids. His wife, a nurse by training, had urged him to come down to our clinic to be seen. He had departed his campsite at 4 a.m. and hiked down to our clinic with his loyal porter.

Upon examination it was determined he had acute appendicitis. The question now was what to do with him? He certainly could not walk the three days out of the mountains to receive the care he needed. He was also too heavy to carry, and even if we had found the four or five porters that would be needed to transport him to Kathmandu, his condition was too tenuous to have him away from immediate medical care. We

were left with no other option than to try to fly him out of the clinic.

Unfortunately, due to an ill-advised government regulation that only "major mountaineering expeditions" could carry two-way radios, we were left with no immediate way to communicate with a rescue team in Kathmandu. While we sorted out our dilemma we put him into a tent, started an IV drip for hydration and gave him a dose of IV antibiotics in case his appendix ruptured.

Getting a helicopter into remote parts of the Himalayans is no easy task. You have to call the helicopter, which for us would mean sending our guide on a run to the closest phone — a VHF solar phone four hours away. Solar phones work only during the day, giving us a limited window when a rescue can be initiated. The cost of a helicopter (roughly \$1,500) has to be guaranteed by a third party before the helicopter will take off from Kathmandu. Finally, most pilots, due to the remoteness and poor maps of the area, have never flown into the Tipling Medical Clinic and certainly would not fly at night. The summer days in Nepal are long, but we were up against a time constraint.

Nevertheless, we sent Nal, our fastest guide, running for the phone, and we had the cooking staff draw an 8-foot "H" (for "hospital") with baking soda on the terraced field just below our clinic. At about noon we heard the beat of the helicopter's blades against the sky. The pilot informed us that he had a difficult time finding us, initially not seeing our 8-foot "H." It was only



A young man (above) carries his mother to the Tipling Health Clinic (right). Often, patients had to walk for several days, through treacherous terrain, to reach the clinic.



after a second pass that he located us by spotting our bleached white laundry hung out to dry by our porters. After numerous photos of the pilot with all of the doctors and medical staff, the helicopter picked up and whisked the patient and his wife down the mountain to Kathmandu with 200 wide-eyed villagers watching.

The rest of the day was uneventful, except for a woman who was carried into my examining room by a man whom I thought was her son. She looked to be about 70 years of age and was thin as a bone, weighing no more than 60 pounds. Her face was drawn, she had a large mass under her left jaw and she lay lifeless on the wood examining bed. After talking to her family through two translators (Tamang to Nepalese to English) I learned that she was not 70, but 30, and she had a three-year-old child. She had been losing weight for about two years and

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Greetings — and a few musings — from the new dean

Thomas A. Deutsch, MD 1979, Acting Dean, Rush Medical College

As many of you already know, there's a new dean in town. Some of you know me well, others will get to know me in the weeks to come, and I hope all of you will feel free to share your thoughts about Rush Medical College with me.

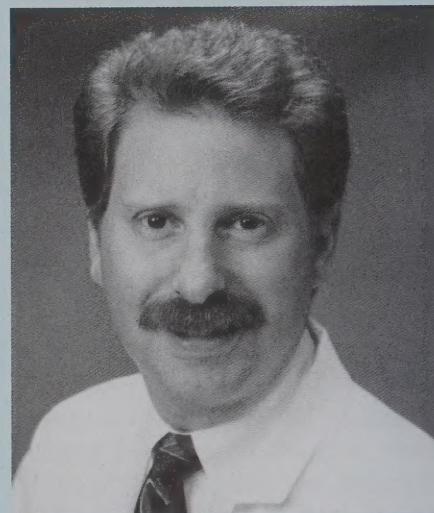
I have to begin my first dean's column by congratulating Larry Goodman, MD, on his appointment as president of Rush University and president and CEO of the Medical Center. I've known Dr. Goodman since my medical school days and have worked closely with him in my role as associate dean for Graduate Medical Education. I have tremendous respect for his leadership abilities, as well as his skills as a teacher and clinician.

As for me being named acting dean, there are not sufficient words to express how it feels to have been given this opportunity. I am both honored and humbled to be serving as the chief academic officer of my alma mater — and it's an even greater privilege to be the first alumnus to head the dean's office of the reactivated Rush Medical College.

Rush is such an important part of my life — and it was important to my family long before I arrived on campus in 1975 as a fresh-faced M1. My grandfather, Emil, was a Rush physician. My father, William, has been on the faculty and staff here since 1955 and preceded me as chairman of ophthalmology. My wife, Judy, received both her bachelor's and master's degrees from the Rush College of Nursing.

And, of course, there's always the hope that one or more of my children will follow in my footsteps. Because Rush was reactivated more than 30 years ago, we've recently started to see a second generation of Rush students and graduates. It gives me great pleasure to know that Rush is becoming a tradition for some families, and I think we will have many more sons and daughters of alumni come to Rush in the future.

The Alumni Association — of which I was president from 1990 to 1993 — also holds a special significance for me. I am looking forward to being up on the podium again during this year's commencement banquet, and I hope to see all of you there.



Thomas A. Deutsch, MD 1979

As acting dean, I look forward to working with our Alumni Association president, Joe Bernardini, MD, the Alumni Relations team, and the faculty, staff and students of Rush Medical College. Most of all, with you, my fellow alumni, we will build on the successes of the past and present to create a future we can all take pride in. ●

Uniting behind Rush's new leadership

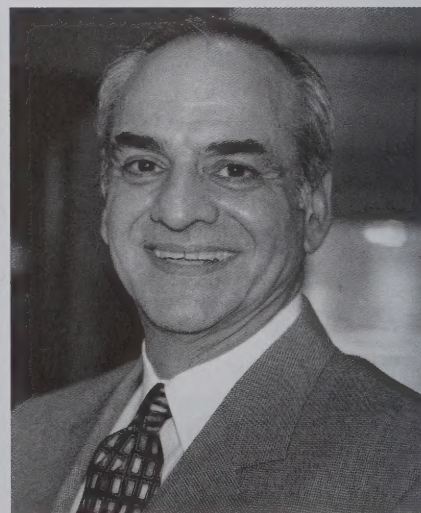
Joseph Bernardini, MD 1975, Alumni Association President

As you can see in these issues of *RushRecord* and *Rush MD*, it was an exciting winter at Rush. Larry Goodman, MD — dean of our alma mater for the last two years — was named president and CEO of the Medical Center on Jan. 24. Then, in one of his first acts after taking office, Dr. Goodman appointed our fellow alumnus Tom Deutsch, MD 1979, acting dean of Rush Medical College.

Dr. Goodman has been a good friend to Rush faculty, students and alumni for two decades now. He has served in several crucial administrative positions in the college, most recently overseeing the creation of the new unified curriculum. On three separate occasions, the

graduating medical students have recognized him as an excellent teacher and model clinician with their Phoenix Award, and we, as alumni, have honored his dedication to Rush with the James A. Campbell, MD, Service Award. I know that we can continue to count on Dr. Goodman to have our alma mater's best interests in mind.

As for Tom Deutsch, not only does he have Rush in his blood, he is also an extremely caring and conscientious physician — another great model for Rush's students — and an effective administrator, running not only his own department but Rush's graduate



Joseph Bernardini, MD 1975

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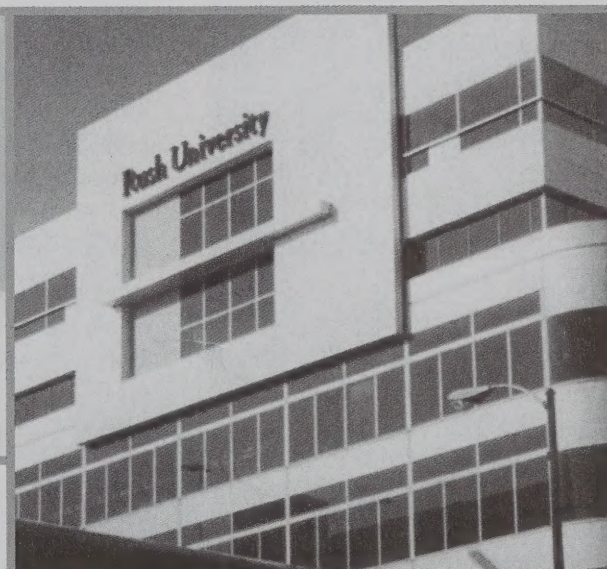
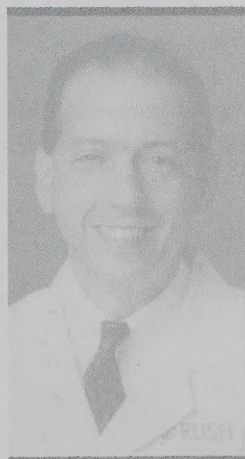
Have a ball — and a ballgame — at Alumni Weekend 2002

Come experience the fun and festivities of Alumni Weekend 2002, June 6-8. Visit with your classmates. See what's been happening at Rush on the clinical and research fronts. Break bread with the new Rush leadership: acting medical college dean Thomas Deutsch, MD 1979, Rush University provost Jack Fox, MD, and Rush president and CEO Larry Goodman, MD. And dance the night away to Chicago's hottest jazz at the commencement banquet — always an elegant and lively affair.

And don't forget to sign up for the class party, because it's going to be a huge hit — literally! This year, the Alumni Association takes all of the reunion classes out to the ballgame to root, root, root for slugger Frank Thomas and the Chicago White Sox as they battle the Montreal Expos at Comiskey Park. In addition to the action on the field, you'll enjoy a tasty dinner buffet and unlimited beer, wine and soft drinks — but you'll have to buy your own peanuts and Cracker Jacks.



rush medical college



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Alumni Weekend
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www.rush.edu/alumni
for details.

Medical Trek continued from page 3

had withered away to her present emaciated state. We suspected tuberculosis, which is quite prevalent here, or the worst-case scenario: cancer. I consulted the pathologist, who immediately took a biopsy of the mass under her jaw. Thankfully, it did not show the malignant cells we feared. At this point, we assumed that she had disseminated TB, which is readily curable, if treated.

This case has interesting medical and ethical aspects. Earlier in the day, the pathologist had taken the biopsy of a 63-year-old woman whose right breast had been hard and painful for over a year. Unfortunately, this patient's biopsy showed metastatic breast cancer. The question now was what to do. Should this woman, who had already lived five years past the life expectancy of a Nepalese woman, be encouraged

to walk (or even be carried) the three-day journey to Kathmandu for cancer treatments that would be at best only palliative? These questions were answered for us by the fact that Himalayan HealthCare could not afford to fly her to Kathmandu. In addition, our patient was in no shape to walk or even be carried. The decision was made to give her medication to ease her pain and let her live out her remaining days in her home in Tipling. I am struck by how differently this decision would have been made in the United States.

What to do with our 30-year-old woman with potentially curable TB and a three-year-old child was not as difficult to decide; she needed to be seen by a specialist in one of the teaching hospitals in Kathmandu. Her family was handed some traveling money by Anil [Parajuli, director of HHC]. They wrapped her up in a blanket, sat her in a porter's basket with the back cut out allowing room for her legs, and hoisted her onto her husband's sturdy back. They then left the clinic for the three-day trek out of the mountains.

4/3/01 "Leaving Tipling"

After a busy morning clinic we packed up our medical supplies and left the Tipling Medical Clinic in early afternoon. In three full days we had seen 350 patients. Many of these patients

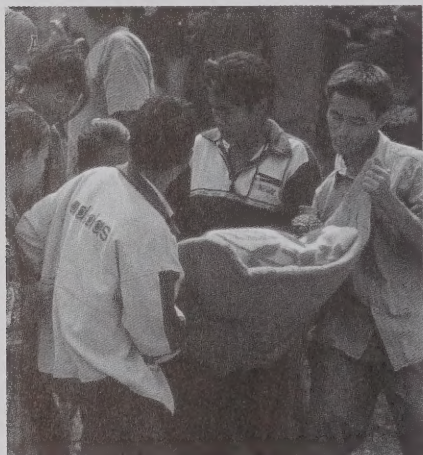
we treated for common ailments of gastritis, bronchitis and diarrhea, and a few had far more serious conditions. We were only halfway done with our two-week trek, with 500 more patients to see in the next village, but I already knew that this hike through the Himalayas was the treat of a lifetime.

4/4/01-4/6/01 Sertung Clinic "An ICU at 7,000 feet"

Over three days at the Sertung clinic we saw more than 500 patients, but only one of them will forever stand out in my mind. She was an 18-year-old Tamang woman who was carried into the clinic by her husband and mother on our second day. The history we received was vague and incomplete, largely due to the language difficulty of a double translation. What little we initially did learn was that three weeks before she had suffered a spontaneous miscarriage and since then had not gotten out of bed, taking only a little food and moderate liquids. It was only in the last few days that her condition had deteriorated to its present state.

We started her on the only two IV medications we had, neither of which would completely cover all of the possible pathogens she may have had. After the last patient of the day, I went to see her and she communicated through her mother that she felt better. However, she still had vague abdominal pain and a repeat pelvic exam still elicited cervical tenderness. In addition, she had developed a fever. I made the choice at this point to send her back to her hut with antibiotics that she could take orally.

Our dinner that evening was interrupted by one of our Nepalese cooks, who urgently informed us that one of the young women that we had treated earlier that day was now being prepared for death by a shaman medicine man. As we grabbed our stethoscopes and ran to the hut I could not recall any Tamang woman we had sent home to die. But



Helicopters were called in to transport the sickest patients to the hospital in Kathmandu.

when we saw the young woman lying on the dirt floor in the mother's arms, we instantly recognized her as the Tamang woman we had seen earlier in the day who suffered a miscarriage. She had a high temperature by touch, her blood pressure was 80/60 and her pulse was weak and very high. She was in septic shock. We learned that she had thrown up her medication shortly after returning home. She had then tried to walk across the room and collapsed. Her tremors came soon after that. The family, convinced that she was going to die, summoned the shaman.

We raced her back to our makeshift clinic. Her condition worsened soon after this when she started to throw up large amounts of green and yellow bile. We did not have any way to prevent her from aspirating her own vomit into her lungs, so we did our best and manually wiped her mouth. The IV fluid was keeping her alive. We took a quick break and scoured our few available IV drugs, collective brains and two books for help.

Needless to say, we were not in a good situation. We did not have the proper antibiotics to completely cover all of the different bacteria that may have been causing her septic shock, and we did not have any way to protect her airway or suction her mouth. We also did not have any cardiac medications in case she went into cardiac arrest. The only thing keeping her pressure up was the IV fluid, which at the present rate would run out before the first light or morning, the earliest time that we could have a helicopter land. With little to be optimistic about, we did our best at making an ICU at 7,000 feet and hoped for the best.

Anil made the decision that two of his guides would return to the Tipling clinic for more fluids. This trip from Tipling to Sertung had taken us four hours. What Anil was now asking the guides to do was descend 2,000 feet into

a steep, treacherous ravine, climb up the other side and then ascend 1,000 feet to Tipling. The guides would then have to return the same route back to us. They were going to try to do this total round trip in four hours and with only a flashlight to see the trail. But with nary a hint of apprehension or reservation, Kamal and Tulu quickly and quietly grabbed their packs and headed out the door.

The IV fluid we were administering was helping, but the lack of the proper IV antibiotics was a cause for concern. We were missing an antibiotic that would cover anaerobes, an important group of pathogens that very well could have been causing her present septic shock. As we sat there taking her vitals and worrying if we were going to lose her, I said jokingly: "I would give \$1,000 for Imipenem," a drug with a very wide spectrum of coverage. Som [a medical assistant], taking one last look through the box of haphazardly arranged medications, suddenly stopped, smiled and held aloft a vial: "Imipenem." As we administered the medication into her thigh, I felt hope for first time since finding her comatose on the dirt floor of her hut. All we had to do now was protect her airway, and keep her blood pressure up with our dwindling supply of IV fluids.

At 2:30 a.m., three hours after Kamal and Tulu left, they returned with two backpacks full of the much-needed IV fluid. These two guides had run the equivalent of 15-minute miles nonstop for three hours, at 7,000-foot elevation, in near complete darkness, through



Local children greet McKersie's group at the entrance to the village of Sertung.

some of the most hazardous terrain I have ever seen, to get us this fluid.

At 10 a.m., with our patient hemodynamically stable and afebrile for the first time in 16 hours, we heard for the second time this trek the welcome beat of the helicopter blades against the sky. When the dry dust of the field kicked up by the helicopter settled, one of the Nepalese guides, in typical humble Nepalese fashion, thanked me for saving her life. In all honesty, I didn't save anyone's life. I did what anyone in my situation would have done. I gave her all the medication and IV fluid we had. The real heroes were Kamal and Tulu, the two Nepalese guides who risked their lives and ran through the darkness of night to save a young woman's life. ●

Be sure to check out the Fall/Winter 2002 issue of Rush MD for the second and final installment from Dr. McKersie's travel diary, which features follow-ups on some of his patients. For a complete version of the diary, visit the Rush web site at www.rush.edu/professionals/alumni/news_announcements.html

Honor roll of donors

The following is a list of alumni who made philanthropic contributions to Rush-Presbyterian-St. Luke's Medical Center between January 1 and December 31, 2001.

The **Benjamin Rush Society**, the premier giving society of Rush Medical College, comprises donors who make annual gifts of \$2,000 or more for use within the College. All Benjamin Rush Society members' names appear in bold. The Rush Heritage Society comprises individuals who have told us that they have invested in Rush's future through a provision in their wills, life income arrangements or other estate plans. All Rush Heritage Society members' names are followed by an asterisk. For more information about joining either the Benjamin Rush Society or the Rush Heritage Society, please call Alumni Relations at 312-942-7165.

We have made every effort to maintain accurate records, but if your name is listed incorrectly or omitted, we apologize and kindly ask that you call us at the number listed above and report the error so that we may correct it in the future. *Thank you.*

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David Joseph Powers, MD
Toby Renee Sadkin, MD

Class of 1989

Therese Anne L. Levan, MD
Mary L. McComis, MD

Class of 1990

Jeffrey Steven Altman, MD
Marc I. Brand, MD
Jeffrey and Debra Cooper
Kathy K. Gunnell, MD
Lisa Menzies, MD
Michael Jay Paveloff, MD
Jordan Bruce Pritikin, MD

Class of 1991

James McMaster Bryan, MD
Catherine Anne Dimou, MD
Terrisa Sunmi Ha, MD
Patrick Lau, MD
Thomas G. Mooney, MD and
Elene Strates Mooney
Michael Jay Rosen, MD
Janet Lynn Seper, MD
Gary Louis Sugarman, MD

Classes of 1992 and 1993

Stephen T. Copen, MD 1993
Gonzalo D. Castillo, Jr., MD 1992

Classes of 1994

Eleni P. Bourtsos, MD
Lisa Conaghan Sun, MD
Desiree Soter Pearsall, MD
Liza Pilch, MD
Joan Temmerman, MD

Classes of 1996, 1997 and 1998

Jason Aaron Browdy, MD 1998
Cathy Anne Di Vincenzo, MD 1996
Karin H. Molander, MD 1996
Brett Charles Schulte, MD 1998
Robin B. Septon, MD 1997

Classes of 1999

Matthew John Fleig, MD 1999
Natalia O. Litbarg, MD 1999
Michael Gordon Millin, MD 1999
Jonathan Aaron Myers, MD 1999

Bequests realized in 2001

Estate of Allan B. Coggeshall, MD 1940
Estate of Juliette M. Eliscu, MD 1936
Estate of Alice Mary Hunter, MD 1920
Estate of Florence Eileen Lawson, MD 1939
Estate of James W. Merricks, MD 1934

Rush Medical College and its Alumni Association are fortunate in the support they receive from numerous faculty, family members and friends. While space does not permit a complete listing of all of those individuals, we would like to recognize those special friends who are current members of the **Benjamin Rush Society**.

Mrs. Benjamin Brindley
Mrs. R. Gordon Brown
Malachi J. Flanagan, MD
Mr. Cass Friedberg
Jorge O. Galante, MD
Dr. and Mrs. Larry J. Goodman
Mrs. Chisato Hayashi
Dr. and Mrs. Leo M. Henikoff
Mrs. Doris Melcher
Mrs. Louis B. Silverman
Mrs. Jo Ann Wadley-Weisberg
Mr. and Mrs. Jerome L. Weinstein

KEY

Bold - Benjamin Rush Society
* - Rush Heritage Society



Class Notes

On this page, Rush Medical College alumni from around the globe share their professional and personal achievements with us. To let your classmates learn what you've been up to, fill out the "What's new with you?" card on page 11 of this issue or write to: the Alumni Association of Rush Medical College, 1700 W. Van Buren St., Suite 250, Chicago, IL 60612. Or send e-mail to: alumni@rush.edu

1930s

NATHANIEL EDWIN REICH, MD 1932, of Brooklyn, N.Y., was named International Man of the Year for Medicine 1999-2000. Reich, a retired cardiologist, says he's "proud to be an old alumnus of Rush!" Dr. Reich is still going strong at 94.

1970s

H. GUNNER DEERY II, MD 1977, an infectious disease physician at Northern Michigan Hospital in Petoskey, was awarded the Clinician Award at the 39th Annual Meeting of the Infectious Diseases Society of America. The meeting was held in October in San Francisco.

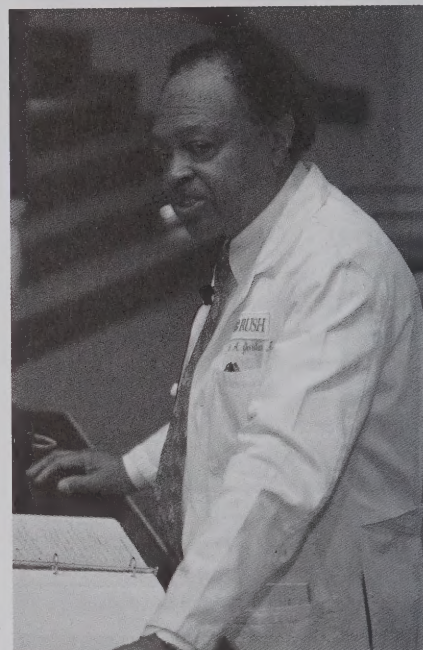
1980s

LINDA BRUBAKER, MD 1984, was recently named Uro-Gynecologist of the Year by the National Association For Continence at the American UroGynecologic Society Annual Meeting in Chicago.

MARK C. DAVIS, MD, PhD 1983, and his wife joined two old friends and founded their own group, called Regional Radiology, PC. They will be based out of Cookeville Regional Medical Center in Cookeville, Tenn.

MARK STEVEN DWORKIN, MD 1989, moved from Atlanta back to the Chicago area in October 2000. He is currently the state epidemiologist for Illinois and he is acting as the medical bioterrorism coordinator for the state. He and his wife had their second child, Julieanne, in February 2002.

GUY J. PETRUZZELLI, MD, PhD 1987, professor of otolaryngology, was named chairman of the Department of Otolaryngology-Head and Neck Surgery at Loyola University Chicago Stritch School of Medicine.



On February 13, Rush graduate and former Rush chief resident Robert A. Jordan, MD 1976, spoke to a group of Rush medical students about the challenges and rewards of a career in medicine. The talk was sponsored by the Student National Medical Association in recognition of Black History Month.

1990s

JASON AARON BROWDY, MD 1998, is pleased to announce that his son, Will, just turned one year old.

In Memoriam

1930s

HUGO C. BAUM, MD 1936, of Twin Falls, Idaho, October 6, 2001.

DURWARD G. HALL, MD 1935, of St. Petersburg, Fla., March 15, 2001.

MRS. LOUIS B. (THELMA K.) SILVERMAN, of Chicago, Ill., January 10, 2002. Mrs. Silverman was the wife of the late Louis B. Silverman, MD, a 1937 graduate of

Rush Medical College. A faithful contributor to the college, Mrs. Silverman had been a member of the Benjamin Rush Society, in memory of her beloved husband, for the past six years.

1940s

GORDON HALL CONGDON, MD 1940, of Wenatchee, Wash., December 1, 2001.

RAYMOND N. HENCH, MD 1941, of Stockton, Calif., May 13, 2000.

NATHAN HALL MAHON, MD 1942, of San Leandro, Calif., April 11, 2001.

ELWIN POWERS SCOTT, MD 1942, of St. Louis, Mo., 2002.

NATHAN SHLIM, MD 1941, of Portland, Ore., March 13, 2001.

What's *new* with you?

Your Alumni Association wants to know what you've been up to. Please send your latest personal and professional news to Rush MD, c/o The Alumni Association of Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, 1700 West Van Buren St., Suite 250, Chicago, IL 60612. You may also send news by fax to (312) 942-5581, or by e-mail to alumni@rush.edu.

Name

Class Year

Specialty/Subspecialty

Preferred Address

☐ Home ☐ Office ☐ New?

City

State

Zip

Office Phone

Home Phone

E-Mail

We are asking all alumni who have e-mail to please **SEND US YOUR E-MAIL ADDRESS.**

We're compiling an e-mail database that will help us to improve our communications with alumni — from giving you important details about reunion to notifying you of special events in your area. So please be sure to include your e-mail address when you fill out this "What's New With You?" card, or simply send an e-mail to the address above. Thank you for your cooperation.

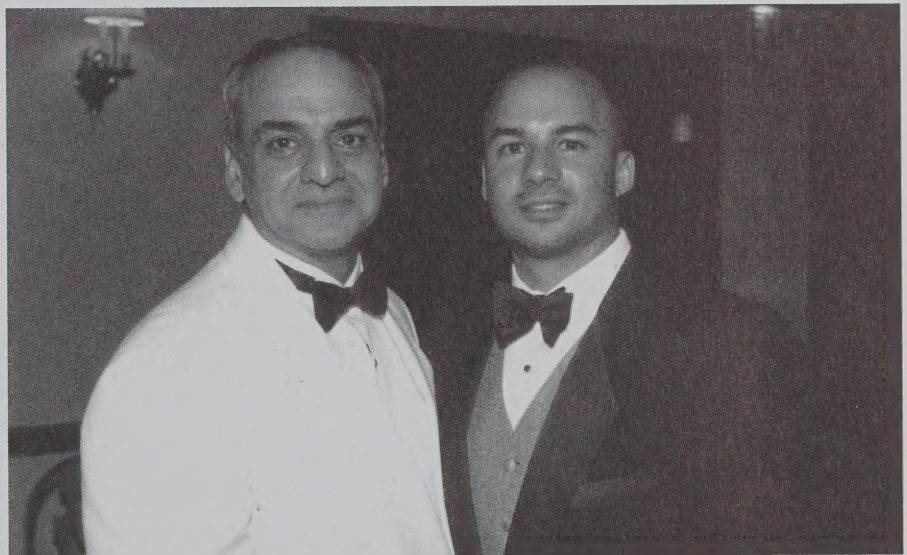
Message from Joseph Bernardini, MD

continued from page 4

medical education program as well. With Rush Medical College now under his purview, he will be able to shape medical education at Rush as a seamless whole.

In the midst of these congratulations, I want to offer my thanks to Rush's president emeritus, Dr. Leo Henikoff. I can't overstate how much he has meant to me personally over the years. In many ways, he made Rush possible for me. For many of us, he is more than a doctor and a teacher: He is, like Dr. Campbell before him, a hard act to follow.

But Dr. Goodman has already begun to make his mark, laying out a vision for Rush in which all of the other parts of the institution's mission — education, research and community service — must link to and support patient care. During these fractious times in health care, that is an important statement to make — that patients come first — and one behind which all of us can unite.



A family affair: Two generations of Bernardinis — Joe and his son, Brad Bernardini, MD, at the 1999 commencement banquet on the occasion of Brad's graduation from Rush and the 24th anniversary of Joe's graduation.

And while I'm on the subject of uniting — or reuniting — let me put in a last-minute plug for Alumni Weekend, coming up fast on June 6, 7 and 8. You'll find more information on p. 9 and online at www.rush.edu/professionals/alumni/alumni_weekend.html.

I, and Rush's new leadership, hope to see you back in Chicago in June. ●

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Please send your comments or suggestions to the editor at 1700 W. Van Buren, Suite 250, Chicago, IL 60612; (312) 942-3215. Or e-mail Judy_Grossman@rush.edu.

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Alumni Calendar

Meetings, Special Lectures and Events

Rush University

Continuing Medical Education Programs

Visit our Web site at

www.rush.edu/cme

76th Annual Woman's Board Fashion Show

Date: September 12, 2002

Location: Symphony Center

Tickets: Contact the Woman's Board Office
(312) 942-6513

Meetings/Events sponsored by the Alumni Association of Rush Medical College

Alumni Weekend 2002

Dates: June 6, 7 and 8

Location: Various sites around Chicago

Reunion Activities

Thursday, June 6

- 4 p.m. - Meeting of the Executive Council
- 6 p.m. - Benjamin Rush Society Reception and Annual Meeting (by invitation only)

Friday, June 7 (Alumni Day)

- 8 a.m. - Grand Rounds
- 9 a.m. - Clinicopathological Conference (CPC)
- 10 a.m. - Brunch with the Dean and Annual Meeting of the Alumni Association

- 1 p.m. - Rush Surgical Society Meeting
- 6 p.m. - Commencement Reception and Banquet (Cocktails/Dinner/Dancing)

Saturday, June 8

- 2 p.m. - Rush University Commencement
- 5:30 p.m. - Class Party
Chicago White Sox
Baseball Game

Tickets include: Dinner on the Patio at Comiskey Park and reserved game seating.

Student Events

White Coat Ceremony

Date: Friday, September 13, 2002
1 p.m.

Location: Room 976
Armour Academic Center

T.G.I.F. (Thanks Goodness It's Friday)

Date: Friday, September 20, 2002
4:30 p.m.

Location: Room 996
Armour Academic Center

Alumni Volunteers are needed to pour beer and wine. Please contact Marva Starks to volunteer at (312) 942-7227 or send e-mail to Marva_B_Starks@rush.edu.